

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>m/m</i>		<i>08-10-01</i>
<b>O.I.P.E. CLASSIFIER</b>	<i>50</i>		<i>08-15-01</i>
<b>FORMALITY REVIEW</b>	<i>1141</i>		<i>9/2/01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>Rm</i>	<i>F-81</i>	<i>01-09-02</i>

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	
1	<i>2/24/01</i>
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50	<i>1/1/01</i>

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
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2/24/01

JC90  
2/10/01